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PRODUCER'S CODE

NAME AND LOCATION

31 559 220

March 6, 1981

PREVIOUS EDITIONS ARE OBSOLETE AND UNLAWFUL

XLX-148 14 92

BRANCH

1. COVERAGE PROVIDED  
IN COMPANY DESIGNATED  
BY NUMBER 01 FIREMAN'S FUND  
18 THE AMERICAN  
07 NATIONAL SURETY

ITEM 1. INSURED'S NAME AND ADDRESS (NO., STREET, TOWN, COUNTY, STATE)

B. A. Goren & Co.  
100 Ave. of the Americas  
New York, N.Y. 10006

AUG 14 1981

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M  
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POLICY PERIOD:

6/25/81

ITEM 2.

INCEPTION (MO. DAY YR.)

EXPIRATION (MO. DAY YR.)

12:01 A.M., STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

AGENT  
PLEASE SHOW  
RATE OF  
COMMISSION

COMM.

ITEM 3.

LIMIT OF LIABILITY:

\$ 7,000,000  
\$ 7,000,000

EACH OCCURRENCE  
AGGREGATE

P/YO 50,000,000

ITEM 4.

UNDERLYING INSURANCE LIMIT OF LIABILITY

\$ 200,000,000  
\$ 200,000,000

EACH OCCURRENCE  
AGGREGATE

ITEM 5.

PREMIUM BASIS

\$ 200

ITEM 6.

ADVANCE PREMIUM: \$ 3,600

ANNUAL MINIMUM PREMIUM: \$ 3,600

THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY SHALL RECEIVE AND RETAIN NOT LESS THAN \$ AS THE POLICY MINIMUM PREMIUM.

ITEM 7. SCHEDULE OF UNDERLYING INSURANCE:

See end of Policy

### FOLLOWING FORM BLANKET EXCESS LIABILITY POLICY

The Company designated above, a stock insurance company, (herein called the Company) agrees with the insured, named in the declarations made a part hereof, in consideration of the payment of premium and in reliance upon the statements in the declarations and subject to the limits of liability, exclusions, conditions and other terms of this policy:

#### INSURING AGREEMENTS:

**1. Coverage.** To indemnify the Insured for the Insured's ultimate net loss in excess of the insurance afforded under the Blanket Excess Liability or "Umbrella" policies specified in Item 7 of the Declarations, hereafter called underlying insurance, in full force and effect at the inception of this policy, provided that the insurance for injury to or destruction of property under this policy and underlying policies shall not apply except as respects injury to or destruction of corporeal property, including loss of use thereof.

**2. Limit of Liability.** The Company shall be liable only for the limit of liability stated in Item 3 of the Declarations in excess of the limit or limits of liability of the applicable underlying insurance policy or policies all as stated in the declarations of this policy. The limit of the liability stated in the declarations as applicable to "each occurrence" shall be the total limit of the Company's liability for all damages sustained as the result of any one occurrence, provided, however, in the event of reduction or exhaustion of the applicable aggregate limit or limits of liability under said underlying policy or policies solely by reason of losses paid thereon on account of occurrences during this policy period, this

policy shall in the event of reduction, apply as excess of the reduced limit of liability thereunder. Subject to the applicable limit of liability as respects each occurrence, the limit of liability stated in the declarations as "aggregate" shall be the total limit of the Company's liability for all damages sustained during each annual period of this policy.

**3. Policy Period.** This policy applies only to occurrences which take place during the policy period.

#### DEFINITIONS

"Ultimate net loss" means all sums actually paid, or which the Insured is legally obligated to pay, as damages in settlement or satisfaction of claims or suits for which insurance is afforded by this policy, after proper deduction of all recoveries or salvage.

#### CONDITIONS

**1. Maintenance of Primary Insurance.** The Insured warrants, and it is a condition of this policy, that at the inception of this policy, insurance afforded by the underlying policies of insurance (apply on Page Two).

(Continued on Page Two).

COUNTERSIGNATURE DATE

8/12/81

COUNTERSIGNATURE OF AUTHORIZED AGENT

3328971010

XLX-148 14 92

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ing as excess over various policies of primary insurance) with combined limits of liability for said underlying insurance stated in Item 4 of the declarations, or renewals or replacements thereof not affording coverages other than those at inception of this policy, shall be maintained in full effect during the period of this policy, except for reduction of aggregate limits solely as a result of payment of claims arising out of occurrences during this policy period.

Such underlying insurance is not maintained in full effect by the Insured or if there is any change in the scope of coverage under any underlying insurance, the insurance afforded by this policy shall apply in the same manner as though such underlying policies had been so maintained and unchanged.

The insurance afforded by this policy is subject to the same warranties, terms (including the terms used to describe the application of the limits of liability), conditions and exclusions as are contained in the underlying insurance on the effective date of this policy, except, unless otherwise specifically provided in this policy, any such warranties, terms, conditions or exclusions relating to premium, the obligation to investigate and defend, the amount and limits of liability, and any renewal agreement.

**2. Notice of Occurrence.** The Insured shall immediately advise the Company of any occurrence or disaster which will probably result in liability under this policy. The Company shall not, however, be called upon to assume charge of the settlement or defense of any claims made, or suits brought, or proceedings instituted against the Insured, but shall have the right and opportunity to be associated with the Insured in the defense and trial of any such claims, suits or proceedings relative to any occurrence which, in the opinion of the Company, may create liability on the part of the Company under the terms of the policy. If the Company avails itself of such right and opportunity, the Insured and the Company shall cooperate in all respects so as to effect a final determination of the claim or claims.

**3. Payment of Loss.** It is a condition of this policy that the insurance afforded under this policy shall apply only after all underlying insurance has been exhausted. Upon final determination by settlement, award or verdict of the liability of the Insured, the Company shall promptly pay the Insured as the Insured shall pay, or be required to pay, the amounts of any losses falling within the terms or limits of this insurance. All losses covered under this policy shall be due and payable by the Company within 30 days after they are respectively claimed and proof of loss filed with the Company in conformity with this policy. Bankruptcy or insolvency of Insured shall not relieve the Company of any of its obligations under.

**4. Payment of Expenses.** Loss expenses and legal expenses, including court costs and interest, if any, which may be incurred by the

Insured with the consent of the Company in the adjustment or defense of claims, suits or proceedings shall be borne by the Company and the Insured in the proportion that each party's share of loss bears to the total amount of said loss. Loss expense hereunder shall not include salaries and expense of the Insured's employee incurred in investigation, adjustment and litigation.

**5. Appeal.** In the event the Insured or any underlying insurer elects not to appeal a judgment in excess of the amount of the underlying insurance, the Company may elect to appeal at its expense and shall be liable for the expenses incidental thereto, but in no event shall the liability of the Company for ultimate net loss exceed the amount set forth in the policy plus the expenses incidental to such appeal.

**6. Subrogation.** In the event of any payment of this policy, the Company shall be subrogated to all the Insured's rights of recovery therefor against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured shall do nothing after loss to prejudice such rights.

Any amount recovered as subrogation shall be apportioned in the inverse order of payment of loss to the extent of actual payment. The expenses of all such recovery proceedings shall be apportioned in the ratio of respective recoveries. If there is no recovery in proceedings conducted solely by the Company, the Company shall bear the expenses thereof.

**7. Premium.** The premium for this policy shall be computed upon the basis stated in the Declarations. The advance premium stated in the Declarations, unless otherwise specified is an estimated premium only. Upon termination of this policy the earned premium shall be computed and if the earned premium is more than the advance premium paid, the Named Insured shall pay the excess to the Company; if less, the Company shall return to the Named Insured the unearned portion, subject to the annual minimum premium stated in the Declarations for each twelve months of the policy period, and subject further to the policy minimum premium as stated in the Declarations.

**8. Cancellation.** This policy may be cancelled by either party upon 30 days' notice in writing to the other stating the date cancellation shall be effective. If cancellation is at the request of the Insured, adjustment of premium shall be at short rate, and if cancelled by the Company, adjustment shall be made pro rata. However, in the event of cancellation or termination of the underlying insurance, this policy shall cease to apply at the same time without notice to the Insured. Notice shall be given by the Company to the Insured at the address shown in the declarations. Payment or tender of unearned premium is not a condition of cancellation.

## NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(BROAD FORM)

It is agreed that the policy does not apply:

**I. Under any Liability Coverage, to injury, sickness, disease, death or destruction**

(a) with respect to which an insured under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters or Nuclear Insurance Association of Canada, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or

(b) resulting from the hazardous properties of nuclear material and with respect to which (1) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (2) the insured is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

**II. Under any Liability Coverage, to injury, sickness, disease, death or destruction resulting from the hazardous properties of nuclear material, if**

(1) the nuclear material (1) is at any nuclear facility owned by, operated by or on behalf of, an insured or (2) has been dispersed or dispersed therefrom;

nuclear material is contained in spent fuel or waste at or possessed, handled, used, processed, stored, transported disposed of by or on behalf of an insured; or

(c) the injury, sickness, disease or destruction arises out of the furnishing by an insured of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear facility, but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (c) applies only to injury to or destruction of property at such nuclear facility.

**III. As used in this endorsement:**

"hazardous properties" include radioactive, toxic or explosive properties;

"nuclear material" means source material, special nuclear material or byproduct material;

"source material," "special nuclear material," and "byproduct material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

"spent fuel" means and fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a nuclear reactor;

"waste" means any waste material (1) containing byproduct material and (2) resulting from the operation by any person or organization of any nuclear facility included within the definition of nuclear facility under paragraph (a) or (b) thereof;

"nuclear facility" means

(a) any nuclear reactor,

(b) any equipment or device designed or used for (1) separating

(Continued from Preceding Page)

the isotopes of uranium or plutonium, (2) processing or utilizing spent fuel, or (3) handling, processing or packaging waste, (c) any equipment or device used for the processing, fabricating or alloying of special nuclear material if at any time the total amount of such material in the custody of the insured at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233, or any combination thereof, or more than 250 grams of uranium 235, (d) any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste,

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations;

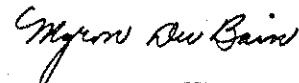
"nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;

With respect to injury to or destruction of property, the word "injury" or "destruction" includes all forms of radioactive contamination of property.

IN WITNESS WHEREOF, FIREMAN'S FUND INSURANCE COMPANY has caused this Policy to be signed by its President and Secretary but this Policy shall not be valid unless countersigned by a duly authorized Agent of the Company.



SECRETARY



PRESIDENT

FINAL PAGE

## Schedule of Underlying Insurance

#1

INSURED	POLICY NUMBER
V. R. Grace & Co.	3-50 KIX 140 14 92
PRODUCER	EFFECTIVE DATE
	6/30/01

LayerParticipation

A) \$5,000,000 XS Primary

London	\$4,000,000
Northbrook	1,000,000

B) \$15,000,000 XS \$5,000,000

London	7,500,000
Northbrook	3,750,000
Granite State	3,750,000

C) \$20,000,000 XS \$20,000,000

London	15,000,000
AEU Ins. Co.	3,000,000
Transit	2,000,000
Hartford	2,000,000
Granite State	7,000,000
Cooling Kansas	1,000,000

\$25,000,000 XS \$50,000,000	
London	4,000,000
Integrity	2,000,000
Northbrook	7,000,000
National Union	1,000,000
Transit	5,000,000
Granite State	4,000,000
AII	2,000,000

ONE OF THE  
FIREMAN'S FUND INSURANCE COMPANIES  
AS NAMED IN THE POLICY

*Myron du Bain*  
PRESIDENT

COUNTERSIGNATURE OF AUTHORIZED AGENT

3328971011

INSURED	POLICY NUMBER
<b>U. R. Grace &amp; Co.</b>	<b>3-89 XEX 148 14 92</b>
PRODUCER	EFFECTIVE DATE
	<b>6/30/81</b>

LayerParticipation**E) \$25,000,000 XS 75,000,000**

City Insurance	\$5,000,000
Creditlife State	3,500,000
Reunion Adriatic	1,000,000
National Union	6,000,000
Federal	3,000,000
Hartford	1,000,000

**F) \$50,000,000 XS \$100,000**

National Union	10,000,000
Hartford	2,000,000
Federal	5,000,000
City Insurance	5,000,000
ABG Insurance	1,500,000
Midland	1,000,000
Cedars Re	2,000,000
Zurich	1,500,000
Associated International	5,000,000
Bermuda Fire & Marine	1,500,000
Fireman's Fund	4,000,000
Continental Insurance Co.	4,000,000
Midland	3,000,000
Birmingham Fire	2,000,000
Exxon	2,500,000

ONE OF THE  
FIREMAN'S FUND INSURANCE COMPANIES  
AS NAMED IN THE POLICY

*Myron Du Bain*  
PRESIDENT

COUNTERSIGNATURE OF AUTHORIZED AGENT

10-X

3328971013

## Architects, Engineers or Surveyors-Professional Liability Exclusion #2

It is agreed that this policy shall not apply to any liability arising out of any professional services performed by or for the Insured, including, but not limited to:

- (A) the preparation or approval of maps, plans, opinions, reports, surveys, designs or specifications and
- (B) supervisory, inspection or engineering services.

POLICY NUMBER <b>3-80 XIX 148 14 92</b>	INSURED <b>H. R. Grace &amp; Co.</b>	EFFECTIVE <b>6/30/81</b>
ONE OF THE <b>FIREMAN'S FUND INSURANCE COMPANIES</b> AS NAMED IN THE POLICY		PRODUCER
<i>Myron A. Baum</i> <small>PRESIDENT</small>		COUNTERSIGNATURE OF AUTHORIZED AGENT
10-X		

180009-6-65 SETS

3328971014 X

Cancellation Amendment Endorsement (Excess Umbrella) #3

It is hereby understood and agreed that the first (1st) sentence of Condition 8, CANCELLATION, is voided and replaced by the following:

"This policy may be cancelled by either party upon forty five (45) days' thirty (30) days notice with respect to cancellation for non-payment of premium, in writing to the other stating the date cancellation shall be effective."

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER 3-80 XIX 143 14 92	INSURED W. R. Grace & Co.	EFFECTIVE 6/30/01
ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY  <i>Myron De Bain</i> PRESIDENT		PRODUCER  COUNTERSIGNATURE OF AUTHORIZED AGENT
10-X		

180009-6-65 SETS

PRODUCER'S CODE

NAME AND LOCATION

PREVIOUS POLICY NUMBER

POLICY NUMBER

31 559 920

March 6 McLeanman

NEW

XLX-148 14 92

BRANCH

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4

COVERAGE PROVIDED  
IN COMPANY DESIGNATED  
BY NUMBER01 FIREMAN'S FUND  
18 THE AMERICAN  
07. NATIONAL, SURETYNEW YORK - PROC.  
AUG 14 1981  
6/14

ITEM 1. INSURED'S NAME AND ADDRESS (NO., STREET, TOWN, COUNTY, STATE)

W. R. Grace & Co.  
1114 Ave. of the Americas  
New York, N.Y. 10036

POLICY PERIOD:

6/30/81

6/30/82

ITEM 2.

INCEPTION (MO. DAY YR.)

EXPIRATION (MO. DAY YR.)

12:01 A.M., STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

AGENT  
PLEASE SHOW  
RATE OF  
COMMISSION

COMM.

LIMIT OF LIABILITY:

\$ 7,000,000	EACH OCCURRENCE	P/0 50,000,000
\$ 7,000,000	AGGREGATE	

ITEM 4.

UNDERLYING INSURANCE LIMIT OF LIABILITY

\$ 200,000,000	EACH OCCURRENCE
\$ 200,000,000	AGGREGATE

ITEM 5.

PREMIUM BASIS

\$ Flat

ITEM 6.

ADVANCE PREMIUM: \$ 3,500
ANNUAL MINIMUM PREMIUM: \$ 3,500

THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY SHALL RECEIVE AND RETAIN NOT LESS THAN \$ AS THE POLICY MINIMUM PREMIUM.

ITEM 7. SCHEDULE OF UNDERLYING INSURANCE:

See end's at

## FOLLOWING FORM BLANKET EXCESS LIABILITY POLICY

The Company designated above, a stock insurance company, (herein called the Company) agrees with the insured, named in the declarations made a part hereof, in consideration of the payment of premium and in reliance upon the statements in the declarations and subject to the limits of liability, exclusions, conditions and other terms of this policy:

## INSURING AGREEMENTS

**1. Coverage.** To indemnify the Insured for the Insured's ultimate net loss in excess of the insurance afforded under the Blanket Excess Liability or "Umbrella" policies specified in Item 7 of the Declarations, hereinafter called underlying insurance, in full force and effect at the inception of this policy, provided that the insurance for injury to or destruction of property under this policy and underlying policies shall not apply except as respects injury to or destruction of corporeal property, including loss of use thereof.

**2. Limit of Liability.** The Company shall be liable only for the limit of liability stated in Item 3 of the Declarations in excess of the limit or limits of liability of the applicable underlying insurance policy or policies all as stated in the declarations of this policy. The limit of the liability stated in the declarations as applicable to "each occurrence" shall be the total limit of the Company's liability for all damages sustained as the result of any one occurrence, provided, however, in the event of reduction or exhaustion of the applicable aggregate limit or limits of liability under said underlying policy or policies solely by reason of losses paid thereon account of occurrences during this policy period; this

policy shall in the event of reduction, apply as excess of the reduced limit of liability thereunder. Subject to the applicable limit of liability as respects each occurrence, the limit of liability stated in the declarations as "aggregate" shall be the total limit of the Company's liability for all damages sustained during each annual period of this policy.

**3. Policy Period.** This policy applies only to occurrences which take place during the policy period.

## DEFINITIONS

"Ultimate net loss" means all sums actually paid, or which the Insured is legally obligated to pay, as damages in settlement or satisfaction of claims or suits for which insurance is afforded by this policy, after proper deduction of all recoveries or salvage.

## CONDITIONS

**1. Maintenance of Primary Insurance.** The Insured warrants, and it is a condition of this policy, that at the inception of this policy, insurance afforded by the underlying policies of insurance (apply on Page Two).

(Continued)

COUNTERSIGNATURE DATE

COUNTERSIGNATURE OF AUTHORIZED AGENT

6/12/81 22

XLX-148 14 92

XLX-148 14 92

## Schedule of Underlying Insurance

INSURED	POLICY NUMBER
<b>W. R. Grace &amp; Co.</b>	<b>3-60 XIX 148 14 92</b>
PRODUCER	EFFECTIVE DATE <b>6/30/81</b>

<u>Layer</u>	<u>Participation</u>
A) \$5,000,000 XS Primary London Northbrook	\$4,000,000 1,000,000
B) \$15,000,000 XS \$5,000,000 London Northbrook Granite State	7,500,000 3,750,000 3,750,000
C) \$10,000,000 XS \$20,000,000 London AIG Ins. Co. Transit Hartford Granite State Getting Kansas	15,000,000 3,000,000 2,000,000 2,000,000 7,000,000 1,000,000
D) \$25,000,000 XS \$50,000,000 London Integrity Northbrook National Union Transit Granite State AIG	4,000,000 2,000,000 7,000,000 1,000,000 5,000,000 4,000,000 2,000,000

ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY	<i>Myron Du Bain</i> PRESIDENT	COUNTERSIGNATURE OF AUTHORIZED AGENT
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INSURED	POLICY NUMBER
<b>U. S. Grace &amp; Co.</b>	<b>3-20 XIX 148 14 92</b>
PRODUCER	EFFECTIVE DATE <b>6/30/01</b>

<u>Layer</u>	<u>Participation</u>
<b>A) \$25,000,000 XS 75,000,000</b>	
City Insurance	\$7,500,000
Granite State	0,500,000
Reunion Adriatica	1,000,000
National Union	6,000,000
Transca	3,000,000
Hartford	1,000,000
<b>B) \$50,000,000 XS \$100,000</b>	
National Union	10,000,000
Hartford	2,000,000
Federal	5,000,000
City Insurance	5,000,000
AIU Insurance	1,500,000
Allianz	3,000,000
Sabre Re	2,000,000
Gen Re	1,500,000
Associated International	2,000,000
Bermuda Fire & Marine	1,500,000
Fireman's Fund	4,000,000
Continental Insurance Co.	4,000,000
Midland	3,000,000
Principles Fire	2,000,000
Assuris	2,500,000

ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY	<i>Myles Du Bain</i> PRESIDENT	COUNTERSIGNATURE OF AUTHORIZED AGENT
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## Architects, Engineers or Surveyors-Professional Liability Exclusion

#2

It is agreed that this policy shall not apply to any liability arising out of any professional services performed by or for the Insured, including, but not limited to:

- (A) the preparation or approval of maps, plans, opinions, reports, surveys, designs or specifications and
- (B) supervisory, inspection or engineering services.

POLICY NUMBER <b>3-80 XIX 148 14 92</b>	INSURED <b>W. R. Grace &amp; Co.</b>	EFFECTIVE <b>6/30/81</b>
ONE OF THE <b>FIREMAN'S FUND INSURANCE COMPANIES</b> AS NAMED IN THE POLICY  <i>Myron Du Bain</i> PRESIDENT		PRODUCER
		COUNTERSIGNATURE OF AUTHORIZED AGENT

180009—6-65 SETS

## Cancellation Amendment Endorsement (Excess Umbrella)

#3

It is hereby understood and agreed that the first (1st) sentence of Condition 6, CANCELLATION, is voided and replaced by the following:

"This policy may be cancelled by either party upon forty five (45) days' thirty (30) days notice with respect to cancellation for non-payment of premium, in writing to the other stating the date cancellation shall be effective."

All other terms and conditions of this policy remain unchanged

POLICY NUMBER <b>3-00 NLX 348 14 92</b>	INSURED <b>U. R. Grace &amp; Co.</b>	EFFECTIVE <b>6/30/91</b>
ONE OF THE <b>FIREMAN'S FUND INSURANCE COMPANIES</b> AS NAMED IN THE POLICY  <i>Myron du Bois</i> PRESIDENT		PRODUCER
COUNTERSIGNATURE OF AUTHORIZED AGENT		

180009-6-65 SETS

MORE ENTRY INSTRUCTIONS (CONTINUED FROM REVERSE SIDE)

## FACULTATIVE CEDED REINSURANCE

REINSURER		99-002-335	LIABILITY (PERCENT OR DOLLARS)	PREMIUM TO REINSURER	REINS. COMM.
MAILING ADDRESS	H.B.G. HANOVER RE GERMANY C/O FSRM INC. <input type="checkbox"/> SAN FRANCISCO <input checked="" type="checkbox"/> NEW YORK <i>110 Wall Street</i> <input type="checkbox"/> CHICAGO	*	2,000,000	650 350 100	350 20%
REINSURANCE CERT. NO.					(INCLUDING TAX & BOARD)
PAY PREMIUM TO REINS. COMPANY					
REINSURER				B.I.	P.D.
MAILING ADDRESS					
REINSURANCE CERT. NO.					
PAY PREMIUM TO:					
REINS. COMPANY	<input type="checkbox"/>	REINS. BROKER	<input type="checkbox"/>	PRODUCER	<input type="checkbox"/>
REINSURER				B.I.	P.D.
MAILING ADDRESS					
REINSURANCE CERT. NO.					
PAY PREMIUM TO:					
REINS. COMPANY	<input type="checkbox"/>	REINS. BROKER	<input type="checkbox"/>	PRODUCER	<input type="checkbox"/>

## TO: CLAIMS (FOR CLAIMS DEPARTMENT USE ONLY)

1. IF LIABILITY CEDED BLOCK ABOVE (NOTE\*) INDICATES "FIRST LOSS—100% OF . ." THE FACULTATIVE REINSURER HAS ASSUMED 100% OF LIMIT AND COVERAGES INDICATED. IF APPLICABLE, ALLOCATE THIS PORTION OF TOTAL POLICY LOSS FIRST, THEN PROCEED AS INDICATED BELOW.
2. DISTRIBUTE THAT PART OF THE TOTAL POLICY LOSS (RESERVE OR PAYMENTS) ALLOCATED TO THE E & SR TREATY AS FOLLOWS:

E & SR TREATY'S (NOT E & SR SURPLUS TREATY) SHARE OF LOSS AS SHOWN UNDER CEDED REINSURANCE IN THE SPACE TITLED "E & SR TREATY LIMIT" ON REVERSE SIDE.	LOSS ALLOCATION	
	FIREMAN'S FUND'S SHARE (NET TO F.F.)	REINSURANCE SHARE
FIRST \$1,000,000 OF LOSS TO E & SR TREATY:	50% OF LOSS	50% OF LOSS
NEXT \$2,000,000 OF LOSS TO E & SR TREATY:	25% OF LOSS	75% OF LOSS
NEXT \$2,000,000 OF LOSS TO E & SR TREATY:	25% OF LOSS	75% OF LOSS
NEXT \$5,000,000 OF LOSS TO E & SR TREATY:	10% OF LOSS	90% OF LOSS

3. ALLOCATE REMAINING PORTION OF TOTAL LOSS (IF ANY) AS PER THE PERCENTAGE (OR DOLLARS) SHOWN UNDER CEDED REINSURANCE IN THE SPACE TITLED "E & SR SURPLUS TREATY LIMIT" ON THE REVERSE SIDE AND FACULTATIVE REINSURANCE (IF SHOWN ABOVE)

ENTRY DEPARTMENT—REFER TO REVERSE SIDE FOR CODING INSTRUCTIONS.

## ENTRY INSTRUCTIONS—E &amp; SR—CASUALTY

ENTRY TRANSACTION NUMBER			ALLOCATION OF LIMITS (IN DOLLARS AND PERCENTAGE)			TOTAL POLICY LIMIT		E & SR TREATY LIMIT		E & SR SURPLUS TREATY LIMIT											
ORIGINAL	END NO.	REVISION EFF. DATE	POLICY NUMBER			7,000,000		2,000,000		3,000,000											
BRANCH			INSURED																		
3-80 N.Y.N.			W.L. Green																		
U/P #	CLASS	MINOR CLASS					PRODUCER'S COMM. 7.5 %		PREMIUM ALLOCATION												
							GROSS <input checked="" type="checkbox"/> ADDITIONAL <input type="checkbox"/> RETURN PREMIUM DUE		E & SR TREATY 99-002-613		E & SR SURPLUS TREATY 99-002-624										
701 MIS C	11111	01 MECHANICAL RIDE 00 OTHER		CLASS 01362	00 OTHER M&C		BI 53-03	PD 54-03	BI 53-03	PD 54-03	BI 53-03	PD 54-03									
	0798	01 RAIN 02 PROD WDRAW B 05 TVB 08 TWIN		03 CONTGCY 04 NON APP 00 OTHER				XXX	22-35	XXX	22-35	XXX	22-35								
702 E & S	48303	03 RADIO 04 TELEVISION	CLASS 73110	01 ADVERTISERS 02 ADV AGENCY	COVER 1 2 3	CLMS MADE DATE	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX									
	73920	05 CR-BUR 06 EDP 09 MAG-O	10 PAPER 3 12 P. FIN 17 SEC	18 CAVY 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX									
	97774	01 CPA 02 LAWYERS	04 ARCHS. ENG 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX								
	80888	01 PHY-SURG-DENT 03 ALL OTHER MEDICAL PROF	02 HOSPITAL	COVER 1 2 3 4 5 6 7	CLMS MADE DATE	BI 53-76	XXX	BI 53-76	XXX	BI 53-76	XXX	BI 53-76	XXX								
APPLICABLE TO 701-702	POLICY LIMITS					E & SR TREATY LIMITS															
	1	2	3	4	5	6	1	2	3	4	5										
ORDINARY EXCESS	7030	04 TRUCKMEN 00 OTHER COMMERCIAL					BI 53-94	PD 54-94	BI 53-94	PD 54-94	BI 53-94	PD 54-94									
	5000	01 BUSES 00 OTHER PUBLIC					BI 53-94	PD 54-94	BI 53-94	PD 54-94	BI 53-94	PD 54-94									
	01362	00 ALL OL & T					BI 53-03	PD 54-03	BI 53-03	PD 54-03	BI 53-03	PD 54-03									
	97778	00 ALL M & C					BI 53-02	PD 54-02	2275	1225	343	185	956	515							
	97777	00 ALL PRODUCTS					BI 53-04	PD 54-04	528	528	528	528	528	528							
	97774	01 CPA 02 LAWYERS	04 ARCHS. ENG 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX								
	80888	01 PHY-SURG-DENT 03 ALL OTHER MEDICAL PROF.	02 HOSPITAL	COVER 1 2 3 4 5 6 7	CLMS MADE DATE	BI 53-76	XXX	BI 53-76	XXX	BI 53-76	XXX	BI 53-76	XXX								
	0388	WORKERS COMPENSATION	UNDERLYING SUM CODE					51-10	XXX	51-10	XXX	51-10	XXX								
SUPERCOVER	EXCESS POLICY LIMITS					PRIMARY BI LIMITS					PRIMARY PD LIMITS					E & SR TREATY LIMITS					
	1	2	3	4	5	6	7	2	3	4	5	6	7	8	9	1	2	3	4	5	
	7030	04 TRUCKMEN 00 OTHER COMMERCIAL					BI 53-94	PD 54-94	BI 53-94	PD 54-94	BI 53-94	PD 54-94	BI 53-94	PD 54-94							
	5000	01 BUSES 00 OTHER PUBLIC					BI 53-93	PD 54-94	BI 53-94	PD 54-94	BI 53-94	PD 54-94	BI 53-94	PD 54-94							
	01362	00 ALL OL & T 05 CONDOS					BI 53-03	PD 54-03	BI 53-03	PD 54-03	BI 53-03	PD 54-03	BI 53-03	PD 54-03							
	97778	01 CONTRACTORS 00 ALL OTHER M&C					BI 53-02	PD 54-02	BI 53-02	PD 54-02	BI 53-02	PD 54-02	BI 53-02	PD 54-02							
	97777	00 ALL PRODUCTS					BI 53-04	PD 54-04	BI 53-04	PD 54-04	BI 53-04	PD 54-04	BI 53-04	PD 54-04							
	97774	01 CPA 02 LAWYERS	04 ARCHS. 05 CONDOS D & O	00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX	BI 53-08	XXX							
80888	01 PAY-SURG-DENT. 03 ALL OTHER MEDICAL PROF.	02 HOSPITAL	COVER 1 2 3 4 5 6 7	CLMS MADE DATE	BI 53-76	XXX	BI 53-76	XXX	BI 53-76	XXX	BI 53-76	XXX									
EXCESS POLICY LIMITS					PRIMARY BI LIMITS					PRIMARY PD LIMITS					HI-LO RISK IDENTITY		E & SR TREATY LIMITS				
1	2	3	4	5	6	7	2	3	4	5	6	7	8	9	1-HI	2-LO	1	2	3	4	5

UNDERWRITER *John B. Green* DATE *8/7/81*



*DOES OUTSIDE REINSURANCE APPLY?	
<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES—SEE REVERSE SIDE

BRANCH INSURED POLICY # ENDT # REINS. CERT. #

## ENTRY INSTRUCTIONS—CODE ALL ENTRIES TO MANAGEMENT RESPONSIBILITY 92

NOTE—IF COLUMN (2) IS NOT COMPLETED BY UNDERWRITERS, ENTRY DEPT. IS TO CALCULATE AND CODE THE AMOUNT TO BE CEDED TO TREATY AT THE PERCENTAGE SHOWN UNDER TREATY # IN COL. (2) UNLESS BLOCKED XXX										(1)		(2)		(3)	
										<input type="checkbox"/> A.P. <input type="checkbox"/> R.P. TO PRODUCER COMMISSION: _____ %		TO E & SR TREATY 99-002-986 52.23% OF COLUMN (1) UNLESS XXX OR PREMIUM ALLOCATED BELOW		TO FACULTATIVE REINS. PROD. # _____	
U/P #		CLASS		MINOR CLASS						100% OF PREM. BELOW		COMM TO FFA _____ %		COMM TO FFA _____ %	
701 MISC.	11111	01 MECH RIDE 02 SKI RES 03 SPEC EV	04 ANIM RIDE 05 DAY NUR 06 SALON	07 SR HOME 08 SHOOT GAL 09 SKATING	00 OTHER	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53		
	01362	01 DET AGENCY	02 TREE SER	00 OTHER M&C		BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53		
	0798	01 RAIN 05.TVB	02 PROD WDRAW 06 07	03 CONTGCY 08 TWIN	04 NON APP 00 OTHER	XXX	22-30	XXX	22-30	XXX	22-30				
702 O & E	73110	01 ADVERTISERS 02 ADVERTISING AGENCY		COVER 1 2 3	CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX		
	48303	03 RADIO 04 TELEVISION		COVER 1 2 3	CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX		
	73920	05 CR BUR 06 EDP 09 MAG-O	10 PAPER 12 P. FIN 17 SEC	18 CATV 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX	
	MANUAL CLASS:	MEDICAL PROF.	PHY., SUR., DENT.	COVER 1 2 3 4 5 6	CLMS MADE DATE	BI 53-58	XXX	XXX	XXX	XXX	XXX	BI 53-58	XXX		
	MANUAL CLASS:	MEDICAL PROF.	OTHER	COVER 1 2 3 4 5 6	CLMS MADE DATE	BI 53-75	XXX	XXX	XXX	XXX	XXX	BI 53-75	XXX		
APPLICABLE TO 701-702		POLICY LIMITS						TREATY LIMITS				XXX	XXX	XXX	
711 ORDINARY ED	7030	04 TRUCKMEN 00 OTHER COMMERCIAL				BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41		
	5000	01 BUSES 00 OTHER PUBLIC				BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41		
	01362	00 ALL OL & T				BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53		
	97778	00 ALL M & C				BI 53-52	PD 54-52	BI 53-52	PD 54-52	BI 53-52	PD 54-52	BI 53-52	PD 54-52		
	97777	00 ALL PRODUCTS				BI 53-55	PD 54-55	BI 53-55	PD 54-55	BI 53-55	PD 54-55	BI 53-55	PD 54-55		
	97774	01 CPA 02 LAWYERS	04 ARCHS. ENG 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX		
	80888	PHYSICIANS-SURGEONS & DENTISTS		COVER 1 2 3 4 5 6	CLMS MADE DATE	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX		
	888	OTHER MEDICAL PROFESSIONAL		COVER 1 2 3 4 5 6	CLMS MADE DATE	BI 53-75	XXX	BI 53-75	XXX	BI 53-75	XXX	BI 53-75	XXX		
	0388	W. COMP.	SELF INSURED RETENTION				51-10	XXX	51-10	XXX	51-10	XXX	51-10	XXX	
	EXCESS POLICY LIMITS			PRIMARY BI LIMITS				PRIMARY PD LIMITS				TREATY LIMITS			
712 SUPERCOVER	1	2	3	4	5	6	7	2	3	4	5	6	7	8	
	7030	04 TRUCKMEN 00 OTHER COMMERCIAL						BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41		
	5000	01 BUSES 00 OTHER PUBLIC						BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41		
	01362	00 ALL OL & T						BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53		
	97778	01 CONTRACTORS 00 ALL OTHER M & C						BI 53-52	PD 54-52	BI 53-52	PD 54-52	BI 53-52	PD 54-52		
	97777	00 ALL PRODUCTS						BI 53-55	PD 54-55	BI 53-55	PD 54-55	BI 53-55	PD 54-55		
	97774	01 CPA 02 LAWYERS	04 ARCHS. 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX		
	80888	PHYSICIANS-SURGEONS & DENTISTS		COVER 1 2 3 4 5 6	CLMS MADE DATE	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX		
EXCESS POLICY LIMITS			PRIMARY BI LIMITS				PRIMARY PD LIMITS				HI-LO RISK IDENTITY		TREATY LIMITS		
2 3 4 5 6 7		2 3 4 5 6 7 8 9				0 1 2 3 4 5 6 7 8 9		1-HI		2-LO		1 2 3 4			

LIMITS CEDED TO FACULTATIVE CO.



FIREMAN'S FUND  
INSURANCE COMPANIES

EXCESS & SPECIAL RISKS  
INSTRUCTIONS FOR  
POLICYWRITING & CODING

X LX 148-14-90

X LX 148-14-91  
X LX 148-14-92

USE NUMBER

TO: POLICYWRITING

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ENDORSEMENT	<input type="checkbox"/> CANCELLATION	EFFECTIVE DATE:
PRODUCTION CODE		PRODUCER NAME		LOCATION
NAMED INSURED ADDRESS				
<p>W. L. Green &amp; Co.</p> <p><i>Sigie Attached</i></p>				
<input checked="" type="checkbox"/> USE POLICY FORM _____ <input type="checkbox"/> USE ENDORSEMENT FORM _____ <input type="checkbox"/> USE CERTIFICATE FORM _____ <input type="checkbox"/> PER FORM ATTACHED _____ <input type="checkbox"/>				

COPIES:  PRE-CARBONIZED FORM       ORIGINAL, PROCESSING CENTER, AGENT, UNDERWRITER, B.O., AUDIT, EXTRA  
 SIGN ORIGINAL       ORDER CREDIT REPORT       ORDER *+2 of each*

## DISTRIBUTE:

SEND ORIGINAL AND AGENTS COPY TO AGENT  
 SEND ORIGINAL, AGENTS AND B.O. COPIES TO:

MR. \_\_\_\_\_

E &amp; SR REPRESENTATIVE

B.O. \_\_\_\_\_

AUG 1 1981  
A. BONGIORNO

SEND ALL COPIES EXCEPT UNDERWRITING COPY TO:

MR. \_\_\_\_\_

E &amp; SR REPRESENTATIVE

B.O. \_\_\_\_\_

RETURN       UNDERWRITING COPY TO E & SR DEPARTMENT  
 BRANCH OFFICE COPY TO E & SR DEPARTMENT

RETURN ALL WORK TO:

OTHER:

*Janey Dyer - 316*

*Please keep all ~~for~~ policies*

*in one file*



THE EXCESS & SPECIAL  
RISK MARKET, INC.

HOME OFFICE: 3333 CALIFORNIA ST., SAN FRANCISCO, CA 94118

CERTIFICATE NUMBER  
**ESR 101 93 66**

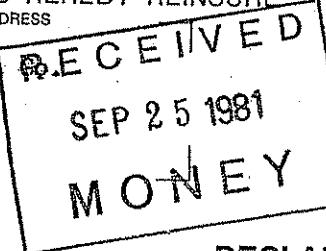
MANAGING UNDERWRITERS FOR:  
 NATIONAL SURETY CORPORATION  
 HANNOVER REINSURANCE  
 \_\_\_\_\_

## CERTIFICATE OF CASUALTY FACULTATIVE REINSURANCE

THE COMPANY INDICATED ABOVE, IN CONSIDERATION OF THE PAYMENT OF PREMIUMS AND THE STATEMENTS CONTAINED IN THE DECLARATIONS, AND SUBJECT TO THE TERMS AND GENERAL CONDITIONS OF THE CERTIFICATE DOES HEREBY REINSURE:

CEDING COMPANY AND ADDRESS

Firemans Fund Insurance Co.  
New York B.O.



CEDING COMPANY POLICY NUMBER  
**XLX 148 14 92**

POLICY PERIOD  
FROM **6/30/81** TO **6/30/82**  
OFFICE

### DECLARATIONS

ORIGINAL INSURED	LOCATION COVERED		
W.R. Grace & Co.	New York, N.Y.		
REINSURANCE EFFECTIVE	6/30/81	EXPIRATION	6/30/82

TERM **1 yr.**

ITEM 1. TYPE OF INSURANCE

Blanket Excess Liability

ITEM 2. CEDING COMPANY, POLICY LIMITS AND APPLICATION

\$7,000,000 Each Occurrence/Aggregate P/O \$50,000,000 Each Occurrence/Aggregate excess of \$200,000,000 Each Occurrence/Aggregate excess of Primary Policies or S.I.R.

ITEM 3. CEDING COMPANY RETENTION

\$5,000,000 P/O \$7,000,000 P/O \$50,000,000 excess of \$200,000,000 excess of Primary Policies or S.I.R.

ITEM 4. REINSURANCE ACCEPTED

\$2,000,000 P/O \$7,000,000 P/O \$50,000,000 excess of \$200,000,000 excess of Primary Policies or S.I.R.

ITEM 5. TYPE OF REINSURANCE

EXCESS OF LOSS  CONTRIBUTING EXCESS  NON-CONCURRENT  PRO RATA

ITEM 6. CANCELLATION

DAYS NOTICE (ORIGINAL PLUS)

OTHER

Original plus 10 days.

PREMIUM: <input checked="" type="checkbox"/> NON-ADJUSTABLE	<input type="checkbox"/> ADJUSTABLE	CERTIFICATE MINIMUM PREMIUM \$ <b>200.</b>
RATE:		

PREMIUM DUE	CEDING COMPANY GROSS PREMIUM	REINSURANCE GROSS PREMIUM	REINSURANCE CEDING COMMISSION	Reinsurance Net Premium
AT INCEPTION	\$ <b>3,500.</b>	\$ <b>1,000.</b>	20 %	\$ <b>800.</b>
	\$	\$	%	\$
TOTAL INSTALLMENTS	\$ <b>3,500.</b>	\$ <b>1,000.</b>	20 %	\$ <b>800.</b>

UNDERWRITING INFORMATION

Holding Company

The Excess & Special Risk Market, Inc.

DATE: September 16, 1981

380088-1-80

BY: **Stephen Mooney**

AUTHORIZED REPRESENTATIVE



## THE EXCESS & SPECIAL RISK MARKET, INC.

**SURPLUS LINES BROKERS  
MANAGING UNDERWRITERS**

3333 CALIFORNIA STREET  
SAN FRANCISCO, CALIFORNIA 94118  
(415) 929-2100

(415) 929-2100

0053

DATE September 16, 1981

ORIGINATING OFFICE 95

PRODUCER NUMBER F070

**PRODUCER**

**INSURED**

Firemans Fund Insurance Co.  
North Jersey P.S.O.  
P.O. BOX 221  
Parsippany, N.J. 07054

W.R. Grace & Co.  
XIX 148 14 92

POLICY NUMBER	EFF. DATE	EXPIR. DATE	DESCRIPTION OF COVERAGE	GROSS PREMIUM	COMMISSION
ES 101 93 66	6/30/81	6/30/82	Blanket Excess Liab.	\$ 1,000.00	20.00 %
CARRIER:				TAXES/FEES	DESCRIPTION
<b>PREMIUMS MUST BE PAID WITHIN THIRTY DAYS</b>			<input checked="" type="checkbox"/> NEW/RENEWAL	\$	TOTAL TAXES/FEES
FLAT CANCELLATIONS ARE ALLOWABLE ON THIS BUSINESS. WE ARE REQUIRED BY THE UNDERWRITERS OF THIS INSURANCE TO HOLD YOU RESPONSIBLE FOR EARNED PREMIUMS IN ALL CASES.			<input type="checkbox"/> ADDITIONAL PREMIUM	\$	NET TOTAL DUE

**PREMIUMS MUST BE PAID WITHIN THIRTY DAYS**

ALL FLAT CANCELLATIONS ARE ALLOWABLE ON THIS BUSINESS. WE ARE REQUIRED BY THE UNDERWRITERS OF THIS INSURANCE TO HOLD YOU RESPONSIBLE FOR EARNED PREMIUMS IN ALL CASES.

**THE EXCESS & SPECIAL RISK MARKET INC.**

PLEASE RETURN REMITTANCE COPY WITH YOUR CHECK TO:

THE EXCESS & SPECIAL RISK MARKET  
3333 CALIFORNIA STREET  
SAN FRANCISCO, CALIFORNIA 94118

**REMITTANCE COPY**

CARD NO.	BATCH DATE	ENTRY NO.	PRODUCTION CODE	POLICY IDENTIFICATION NUMBER	RIGHT	JOB#	OPR#	BATCH NO.	RUN DATE	
	09/02/81	K	31559920	01481492-2	7	715	20	244	09/04/81	
POLICY ALPHA PREFIX		NAME OF INSURED		COM	POLICY EFFECTIVE	POLICY EXPIRATION	TRANSACTION EFFECTIVE	TRANS CODE	UNDWRA PROG G1111P1	TOTAL DIRECTOR ASSUMED PREMIUM
XL X MM W.R. GRACE & CO		01 063081		063082	063081	11		711 00		3500.00
ACC CODES FIRST REBILL		POLICY DUE DATE		INSTALMENTS	REINSURED COMPANY		RISK	ADJUSTMENT	REIN PERIOD	TOTAL CEDDED PREMIUM
										2999.00
DETAILS		TERRITORY		EXPOSURE		EXPOSURE		EXPOSURE		PREMIUM
ITEM		STATE CODES		SUB CLASS		EXPL		EXPL		
OBT-P	001 1	0530231	05079	97778	2500	6	953	0	000750	2275.00
	001 1	1109	21					313170		
OPD	002 1	0540231	05079	97778	2500	6	953	0	000750	1225.00
	002 1	1109	2					313170		
REINSURER		ACCOUNT NO.		POLICY NO.		COMM		DETAIL ITEM NUMBERS		AMT OF PREM
TRACR										
VARIATION		VARIATION		VARIATION		VARIATION		DETAIL ITEM NUMBERS		AMT OF PREM
EFFECTIVE		EXPIRATION		INSTRN		DGEN		INSTRN		
3	7	099002335				02000001002				1000.00
3	7	099002613				03352001002				528.00
3	7	099002624				02750001002				1471.00
DATE DUE		AMOUNT		DATE DUE		AMOUNT		DATE DUE		AMOUNT
PMT		CS PRODUCER		PMT		CS PRODUCER		PMT		CS PRODUCER

BLANKET EXCESS LIABILITY POLICY  
(FOLLOWING FORM)

Coverage is provided in the Company designated by number,  
a stock insurance Company (herein called the Company)

DECLARATIONS

1. INSURED'S NAME AND ADDRESS (NO., STREET, TOWN, COUNTY, STATE)



01 FIREMAN'S FUND INSURANCE COMPANY	SAN FRANCISCO, CALIFORNIA
18 THE AMERICAN INSURANCE COMPANY	PARSIPPANY, NEW JERSEY
07 NATIONAL SURETY CORPORATION	CHICAGO, ILLINOIS
13 ASSOCIATED INDEMNITY CORPORATION	SAN FRANCISCO, CALIFORNIA
15 AMERICAN AUTOMOBILE INSURANCE COMPANY	CREVE COEUR, MISSOURI

POLICY PERIOD:

ITEM 2. INCEPTION (MO. DAY YR.) EXPIRATION (MO. DAY YR.)  
12:01 A.M., STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

ITEM 3.	LIMIT OF LIABILITY:	
	\$	EACH OCCURRENCE
	\$	AGGREGATE
ITEM 4.	UNDERLYING INSURANCE LIMIT OF LIABILITY	
	\$	EACH OCCURRENCE
	\$	AGGREGATE
ITEM 5.	PREMIUM BASIS	ITEM 6.
	\$	ADVANCE PREMIUM: \$
		ANNUAL MINIMUM PREMIUM: \$
THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY SHALL RECEIVE AND RETAIN NOT LESS THAN \$ THE POLICY MINIMUM PREMIUM.		
ITEM 7. SCHEDULE OF UNDERLYING INSURANCE:		

FOLLOWING FORM BLANKET EXCESS LIABILITY POLICY

The Company designated above, a stock insurance company, (herein called the Company) agrees with the insured, named in the declarations made a part hereof, in consideration of the payment of premium and in reliance upon the statements in the declarations and subject to the limits of liability, exclusions, conditions and other terms of this policy:

INSURING AGREEMENTS

1. Coverage. To indemnify the Insured for the Insured's ultimate net loss in excess of the insurance afforded under the Blanket Excess Liability or "Umbrella" policies specified in Item 7 of the Declarations, hereinafter called underlying insurance, in full force and effect at the inception of this policy; provided that the insurance for injury to or destruction of property under this policy and underlying policies shall not apply except as respects injury to or destruction of corporeal property, including loss of use thereof.

2. Limit of Liability. The Company shall be liable only for the limit of liability stated in Item 3 of the Declarations in excess of the limit or limits of liability of the applicable underlying insurance policy or policies all as stated in the declarations of this policy. The limit of the liability stated in the declarations as applicable to "each occurrence" shall be the total limit of the Company's liability for all damages sustained as the result of any one occurrence, provided, however, in the event of reduction or exhaustion of the applicable aggregate limit or limits of liability under said applying policy or policies solely by reason of losses paid therefor on account of occurrences during this policy period, this

policy shall in the event of reduction, apply as excess of the reduced limit of liability thereunder. Subject to the applicable limit of liability as respects each occurrence, the limit of liability stated in the declarations as "aggregate" shall be the total limit of the Company's liability for all damages sustained during each annual period of this policy.

3. Policy Period. This policy applies only to occurrences which take place during the policy period.

DEFINITIONS

"Ultimate net loss" means all sums actually paid, or which the Insured is legally obligated to pay, as damages in settlement or satisfaction of claims or suits for which insurance is afforded by this policy, after proper deduction of all recoveries or salvage.

CONDITIONS

1. Maintenance of Primary Insurance. The Insured warrants, and it is a condition of this policy, that at the inception of this policy, insurance afforded by the underlying policies of insurance (apply on Page Two)

COUNTERSIGNATURE DATE

COUNTERSIGNATURE OF AUTHORIZED AGENT